



State of Connecticut  
Department of Banking  
Consumer Credit Division  
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF ADDRESS FORM  
Consumer Collection Agency

**Instructions:**

1. Please complete this form when requesting a change of address for a licensed location. **Please advise if the mailing address (if currently different from licensed location) will remain the same.**
2. Please return original license(s) with this form.
3. Please have the surety company issue a bond rider/endorsement to the surety bond to reflect the change of address and return with this form.
4. If the **mailing address only** is being changed, please complete the bottom portion of this form. (The license does not need to be returned and a rider is not necessary.)

Changes of address will not be processed until ALL the necessary forms are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Nancy Wawruck at 860-240-8221 via e-mail at [nancy.wawruck@ct.gov](mailto:nancy.wawruck@ct.gov).

**LICENSE NUMBER(s)**

\_\_\_\_\_

**NAME OF LICENSEE**

\_\_\_\_\_

**DBA NAME (if applicable)**

\_\_\_\_\_

**CURRENT LOCATION:**

**Street Address**

\_\_\_\_\_

**City/Town**

\_\_\_\_\_

**State/ZipCode**

\_\_\_\_\_

**PROPOSED LOCATION:**

**Street Address**

\_\_\_\_\_

**City/Town**

\_\_\_\_\_

**State/ZipCode**

\_\_\_\_\_

**Supervisor in charge (if applicable)**

\_\_\_\_\_

**Telephone Number (if applicable)**

\_\_\_\_\_

**Effective date of move**

\_\_\_\_\_

**MAILING ADDRESS ONLY CHANGE**

**Street Address**

\_\_\_\_\_

**City/Town**

\_\_\_\_\_

**State/ZipCode**

\_\_\_\_\_

Name of person completing this form \_\_\_\_\_ Date \_\_\_\_\_  
Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_